(Rev. 5/05)

# FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

## IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

(1) Dune Urban 468622	:
(Name of Plaintiff) (Inmate Number)	:
Po. box 9561, Wilm, DE 19809 (Complete Address with zip code)	:
(2) Brian 5mith 596768 (Name of Plaintiff) (Inmate Number)	: 08-260 + : (Casa Number)
(Minate Number)	: (Case Number) : (to be assigned by U.S. District Court)
(Complete Address with zip code)	: : : : : : : : : : : : : : : : : : : :
(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)	:
Howard R. Young correctional Institute	CIVIL COMPLAINT
(1) H.R.Y.C.I. and Staff	
(2) medical committee	MAY -
(Names of Defendants)	Jury Trial Requested OF STREET
,	. 69 % € 69/.
(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)	San
I. PREVIOUS LAWSUITS	
A. If you have filed any other lawsuits in federal court while including year, as well as the name of the judicial office	

# II. --EXHAUSTION-OF ADMINISTRATIVE REMEDIES

A.	Is there a prisoner grievance procedure available at your present institution? OYes •• No
В.	Have you fully exhausted your available administrative remedies regarding each of your present claims? Yes ••No
C.	If your answer to "B" is Yes:
	1. What steps did you take? We have filed a grievance before ar
	Nothing was done, Just broken promises
	2. What was the result? Nothin 4
D.	If your answer to "B" is No, explain why not:
DEF	CONTRACTOR Considerational and an advantage of the contractor of t
	ENDANTS (in order listed on the caption)
(1) N	· · · · · · · · · · · · · · · · · · ·
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(2) N	Name of first defendant: Howard R. Young Correctional Inst/star mployed as
(2) N E M	Name of first defendant: Howard R. Young Correctional Inst/statemployed as
(2) N  E  M  (2) N  E  M  (3) N	Name of third defendant: Mental Health committee  Name of third defendant: Mental Health committee
(2) N  E  M  (2) N  E  M  (3) N	Name of first defendant: Howard R. Young Correctional Inst/statemployed as

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#### IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

prison overcrowding: 3+05 Inmotes per cell, excesive Confirment
Locked down 65-1, No call buttons for medical or mental beatth
emergencies, Inadequat medical care, Inadequat Mental health Assist.

Inadequate exercise idental of exercise, Indoor, out door, Unsanitary
facilities, cells, tailets Etc. Never cleaned, Inadequate ventilation/4

vents filled with trash, too cold or hot, food always cold small portion
water discolored and unbealthy, Unsafe living Beds Unsecure, ven
Sharp, No side bars or labbers must climb to ilet and desk
Inadequate Law library access, supplies, Inadequate Visitation
Inadequate phone service, Inadequate Religion practices, Lo

of education, Inddequat Laundry; clothes have not been clear

since Jon, 08, Inadequate cleaning supplies: Numerous

biting spiders, mice, Etc. Cruel Unusual punishment

### V. RELIEF

3.

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

Wherefore, Duane Urban and Brian Smith prays for
Judgmen in their Favor and damages in their Favor
Against all defendents in an amount sufficent to compensa
Them for the pain and menta anguish suffered by H.RYC. I. are
staffing (medical committee) mental health staff due to

1	lefendents, But in no event has then the ,000,000.00 len million dollars, together with his attorneys, and such additional Relief as the court may	
-	deem just and proper	
-		
clare u	nder penalty of perjury that the foregoing is true and correct.	

Buune Mullan (Gignature of Plaintiff 1)

# AUTHORIZATION

I, DUANE URBAN, INMATE NUMBER 468622, REQUEST And AUTHORIZE THE HIRIY, UI HOWARD R YOUNG CORRECTIONAL INSTITUTION holding ME in custody To SEND TO THE CLERK OF THE COURT OF CLAIMS CENTIFIED CODIES OF THE CONNECTIONAL FACILITY TRUST Fund ACCOUNT STATMENT FOR THE PAST SIX MONTHS.

I FUTHER REQUEST And AUTHORIZE HIRT, CII. TO FOWARD MY FINANCIAL RECEIRS FOR THE LAST 6 MONTHS

PLEASE SEND COPY TO; CLERK US district court 844 N. Kinb STreet Lock box 18 Wilm, DE, 19801

Dunne Unlow DUANE UrbAn 468622 HIR. Y. L. I. P.o. box 9561 Wilm, DE. 19809